State of Iowa Vehicle Order Form

Department of Administrative Services

Agency: **Division:**

Dept. Number: **Vehicle Account Funding:** **Assigned Driver:**

Refer to the **Vehicle Contract Catalog** for contract information, vehicle options, and base price. Highlight and select additional options required for the vehicle operation, such as additional keys, alarms, tow packages, etc., from the additional options list in the contract. ***Note: vehicles will be white unless otherwise requested.***

Contract

Vehicle Size:		**Dealer:**	
Contract #:		**Group #:**	
Vehicle Make:		**Vehicle Model:**	
Drive (FWD, 4x4):		**Truck Box Size:**	
Vehicle Order Type:		**Vehicle Base Price:**	
Additional Options Cost:		**Total Cost/Vehicle:**	

Vehicle(s)

Vehicles may be replaced at a minimum of 120,000 miles, 10 years of age, or when repairs exceed 50% of the NADA clean trade-in value. Average delivery time 12-16 weeks; not guaranteed. Orders should be placed according to average monthly mileage and lead time of delivery.

Total Number of Vehicles Requesting (if a new additional vehicle, list "new" as the vehicle number):

Vehicle #:		Current Miles:		Average Monthly Miles:		Decals:	☐
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Requests for early replacement, change in vehicle class size, new additions to an agency's fleet, or selection other than lowest priced in class must be specified below. New license numbers for approved additional vehicles will be assigned.

Justification for Early Replacement, Change in Vehicle Class Size, New Additional Vehicle, or Selection other than Lowest Priced in Class:

Depreciation

Funding for new vehicles may originate from the agency's depreciation fund if adequate funds exist in the depreciation account based on the fund balance and depreciated values of all vehicles assigned to the agency. Vehicles will depreciate based on the purchase price, a six-year useful life and 20% salvage value per DAS CPFSE Policy 650-001. Requests for variance change in depreciation rates must be specified below.

Justification for Depreciation Rate Variance:

Vehicle #:		Fed Funding %:		Est. Life of Vehicle (years):		Est. Salvage %:	
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Options

Additional Notes and After Market Accessories:

Agency Fleet Contact: _____ **Date:** _____

Agency Director/Designee: _____ **Date:** _____

Submit a completed order form and requested options list to SOIVehicles@iowa.gov .

Updated 1/14/2025